

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51	/			
2							52				
3							53	/			
4							54		/		
5	/						55				
6							56				
7							57				
8	/						58				
9							59				
10							60				
11	/						61				
12							62				
13							63				
14							64				
15	/						65				
16							66				
17	/						67				
18							68				
19							69				
20	/						70				
21							71				
22							72				
23	/						73				
24							74				
25							75				
26	/						76				
27							77				
28	/						78				
29							79				
30							80				
31							81				
32	/						82				
33							83				
34							84				
35							85				
36	/						86				
37							87				
38							88				
39	/						89				
40							90				
41							91				
42							92				
43	/						93				
44							94				
45	/						95				
46							96				
47							97				
48	/						98				
49							99				
50							100				
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←	
TOTAL CLAIMS							TOTAL CLAIMS				